



2835

Attorney's Docket No.: 42P13860

Patent

In re the Application of: Mark D. Summers, et al.
(inventor(s))

Application No.: 10/079,181

Filed: February 20, 2002

For: THERMAL SOLUTION FOR A MEZZANINE CARD

(title)

MS: NON-FEE AMENDMENT
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

SIR: Transmitted herewith is an Amendment for the above-referenced application.

Applicant claims small entity status. See 37 CFR 1.27.

☒ No additional fee is required.RECEIVED
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The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amd.		Highest No. Previously Paid For	Present Extra
Total Claims	* 23	Minus	** 30	0
Indep. Claims	* 2	Minus	*** 3	0
First Presentation of Multiple Dependent Claim(s)				

SMALL ENTITY	
Rate	Additional Fee
X9	\$
X42	\$
+140	\$
Total Add. Fee	\$

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
X18	\$ 0
X84	\$ 0
+280	\$
Total Add. Fee	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to MS: Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450

on May 28, 2003

Date of Deposit

Dianne Neathery

Name of Person Mailing Correspondence

Dianne Neathery
Signature5-28-03
Date

____ A check in the amount of \$ _____ is attached for presentation of additional claim(s).
____ Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to
____ 37 C.F.R. § 1.136(a).

____ A check for \$ _____ is attached for processing fees under 37 C.F.R. § 1.17.

____ Please charge my Deposit Account No. 02-2666 the amount of \$ _____.

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X Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of
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Date: May 28, 2003

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